

Building & Development Services 1102 Lohmans Crossing, Lakeway, TX 78734

Phone: (512) 314-7540 Fax: (512) 314-7541

www.lakeway-tx.gov

## **APPLICATION FOR PERMANENT SIGN PERMIT**

(CHECK ONE & INCLUDE NECESSARY SUPPORTING MATERIAL)

MONUMENT	MONUMENT	MULTI-TEN	IANT	Buii	DING (W	ALL)	
HANGING/PROJECTING DIRECTORY SIGNS				SITE TRAFFIC CONTROL			
CHURCH/PUBLIC IN	FO OTHER:						
NAME OF BUSINESS OR BUILDING:		SIGN HEIGHT:		SIGN WIDT	TH: SQ. FOOTAGE:		
Address of Sign:	LEGAL DESCRIPTION (SUBDIVISION, SECTION, LOT #):						
PROPOSED DATE OF INSTAL	PROPOSED DURATION:						
APPLICANT FIRM:	CONTACT NAME:	TELEPHONE: E-MAI		E-MAIL			
MAILING ADDRESS:		Сіту:			STATE	ZIP CODE	
PROPERTY OWNER FIRM:	CONTACT NAME:	TELEPHON	TELEPHONE:		E-MAIL		
MAILING ADDRESS:		CITY:	CITY:		STATE	ZIP CODE	
			(For	CITY USE ON	LY)		
SUBMITTAL VERIFICATION/INSPECTION AUTHORIZATION:  I, as owner of the property hereinafter referenced, do hereby execute this document, and acknowledge the above statements to be true and accurate to the best of knowledge. I have received, read and understand the terms and conditions of this request, and agree to compliance with all applicable codes and ordinances of the City.  I understand that my contractor or subcontractor(s) identified below will schedule inspections on my behalf permitting city inspectors to enter my property to conduct the necessary inspections as scheduled.			PERMIT NUMBER:				
			AMOUNT RECEIVED:				
			Notes:				
I authorize my duly authorized agent to coordinate with the City and its representatives to enter the property at reasonable times for the purposes of inspecting and monitoring the project according to the adopted codes of the City. This authorized agent is hereby given authority from me to consent to City inspections on my behalf.							
APPLICANT SIGNATURE							
PRINTED NAME	DATE			**********	******	ese <sup>se</sup>	



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(ADDITIONAL SPACE AS NEEDED FOR AUTHORIZED AGENTS OF THE OWNER)